## **BUSINESS DECLARATION**

1.	Name of Firm:		Ta: No	x Identification .:	
2.	Address of Firm:				
3.	Telephone Number of Firm:				
4.	a. Name of Person Making Declaration				
	b. Telephone Number of Person Making Declaration				
	c. Position Held in the Company				
5.	Controlling Interest in Company ("X" all appropriate boxes)	ling Interest in Company ("X" all appropriate boxes)			
	a. Black American b. Hispanic American c. Nativ	ic American			
	e. Other Minority (Specify)	f. Other (Specify)			
	g. Female h. Male i. 8(a) Certified (Certification letter attached) j. Service Disabled Veteran Small Business				
6.	Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?  a. Yes  b. No  (If "NO," provide the name and telephone number of the person who has this authority.)				
7.	Nature of Business (Specify all services/products (NAIC))				
8.	(a) Years the firm has been in business:	(b) No. of Employees			
9.	Type of Ownership:	b. Partnership			
	c. Other (Explain)				
10.	Gross receipts of the firm for the last three years:	a.1. Year Ending:	b.1. Gross Receipts		
	a.2. Year Ending: b.2. Gross	a.3. Year Ending:	b.3. Gross Receipts		
11.	Is the firm a small business?  a. Yes b. No				
12.	he firm a service disabled veteran owned small business?   a. Yes  b. No				
13.	s the firm a socially and economically disadvantaged small business?   a. Yes  b. No				
ARI I Al	ECLARE THAT THE FOREGOING STATEMENTS CONCE E TRUE AND CORRECT TO THE BEST OF MY KNOWLE M AWARE THAT I AM SUBJECT TO CRIMINAL PROSE 18 USCS 1001.	DGE, INFORM	•		
	14. a. Signature	b. Date:			
	c. Typed Name	d. Title:			

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